CAMPAIGN CONTRIBUTIONS AND EXP VALERIE WIENER	STATE SENAT	E		State of Nevada
Name (print)	Office (if applicable) AS VEGAS NV	· · · · · · · · · · · · · · · · · · ·	702	District (if applicable) -871-6536
Mailing Address (include city and zip code)	MO VEGAS INV	09102	Telephone No.	-0/1-0550
E-Mail Address				
Select Appropriate Box(es) CANDIDATE	PAC BAG	POL PRTY IND E	EXP NONPROF	IT CORP
☐ AMENDED ☑		ETITIONERS WHO IN OR EXPEND FUNDS II		PETITION & RECEIVE
Annual Filing - Due January 15, 20 Period: January 1, 2005 - December 31, 200	0 06 05			FILE
Report #1 — Due August 8, 2006* Period: Jan. 1, 2006 — Aug 3, 2006		•	101	N 1 8 2006
Report #2 Due — October 31, 2006 Period: Aug. 4, 2006 — Oct. 26, 2006	•			AN HELLER
Report #3 Due — January 15, 2007 Period: Oct. 27, 2006 — Dec. 31, 2006	*/**			TARY OF STAT
Annual Filing - Due January 15, 20 Period: January 1, 2006 - December	0 7 31, 2006	•	FOR OF	FICE USE ONLY
* These Reports are filed by incumbents ** Third Report suffices for 2007 Annual	s/candidates runnir Filing if candidate	g for office in the also filed Report	2006 election cy Nos. 1 and 2	•
CONTRIBUTIONS SUMMAI	RY		This Period	Cumulative From Beginning of Report Period #1 through End of
Total Monetary Contributions Received in Exces	n of \$100			This Reporting Period
(See page 1 of instruction sheet) 2. Total Monetary Contributions Received of \$100 or	•		2500.00	2500.00
(See page 2 of instruction sheet) 3. Total Monetary Contributions in the form of loar				
party. (See page 2 of instruction sheet) 4. Total Monetary Contributions in the form of loan (See page 2 of instruction sheet)	s that were forgiven			
	This Period	Cumulative From Beginning of Report Period #1		<u> </u>
		Through End of This Reporting Period		
5. Total Amount of Monetary Contributions Received		1 01100		
(Add Lines 1 through 4) (See page 2 of instruction 6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as	sheet)	1	2500.00	2500.00
contribution (monetary or in kind)) (See page 2 of Instruction sheet) 7. Total Value of In Kind Contributions Received in	1	,		
Excess of \$100 (See page 2 of instruction she	pet)			
	EXPENSES SU	MARY		
Total Monetary Expenses Paid in Excess of \$10 (See page 2 of instruction sheet) Total Monetary Expenses Paid of \$100 or Less	00	-	5424.40	5424.40
(See page 2 of instruction sheet) 10. Total Amount of All Monetary Expenses Paid		-	427.11	427.11
(Add Lines 8 and 9) (See page 2 of Instructi 11. Total Value of In Kind Expenses in Excess			5851.51	5851.51
of \$100 (See page 3 of instruction sheet) 12. Disposition of Unspent Contributions	1412.50	1412.50		
(Only reported on Report #3, Annual Report or day of the second month after candidates defeat incumbent does not run for reelection)				
(See page 3 of instruction sheet)	AFFIRMATIO			
Declare Under Penalty of Perjury That the	e Foregoing is Tru	e and Correct.	1-1=	1-06
gnature /			Date	/ /

Revised: Sep-05

EL201.doc

VALERIE WIENER Name (print)

STATE SENATE

3

District (if applicable)

Office (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 ^{RO} PARTY IF LOAN GUARANTEED BY 3 ^{RO} PARTY	NAME AND ADDRES OF PERSON WHO FORGAVE THE LOAN IF DIFFERENT THAN CONTRIBUTOR
CARDINAL HEALTH I PAC 7000 CARDINAL PLA	1 11-05	1000.00			
DUBLIN OH 43017					
LAS VEGAS CHAMBER OF COMMERCE 3720 HOWARD HUGHE	1-11-05 S PKWY	1500.00	·		
LAS VEGAS NV 8910	9				
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VALERIE WIENER

STATE SENATE

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Name (print)

Office (if applicable)

District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH
Ø	Ø	Ø
*		

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		REPORT
VALERIE WIENER CANDIDATE'S NAME (print)	STATE SENATE Office	3 District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF THE	Т ———		
NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
COMMITTEE TO ELECT KATHLEEN MARSHALL LAS VEGAS NV	1	12/06/2005	200.00
CONGRESSIONAL FEDERAL CREDIT UNION PO BOX 3322 OAKTON VA 22124-9322	A A A A C C C A C A J	01/11/2005 02/28/2005 03/28/2005 04/28/2005 06/29/2005 05/31/2005 05/31/2005 06/29/2005 08/02/2005 08/31/2005 10/03/2005 12/06/2005	77.25 318.13 460.89 33.39 121.55 210.92 220.40 497.62 8.40 515.85 900.00 100.00
KIM WALLIN FOR STATE CONTROLLER LAS VEGAS NV	J	12/09/2005	200.00
NEVADA STATE HEALTH DIV. C'ARSON CITY, NV	J	10/05/2005	1000.00
THE UPS STORE 5540 W SAHARA AVE AS VEGAS NV 89102-5816	A	12/19/2005	360.00
CRIENDS OF DINA TITUS AS VEGAS NV	J	12/06/2005	200.00
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CAMPAIGN EXPENSES

REPORT PERIOD ANNUAL REPORT

VALERIE WIENER CANDIDATE'S NAME (print)	SENATOR Office	3 District (if applicable)

Expenses of \$100 or less

	ı———]
	DATE OF EACH EXPENSE		AMOUN OF EAC EXPENS	H	CATEGORY	
	12/06/05		100.0	0	. J	7
	03/11/2005		51.28	3	A	7
	03/17/2005		44.87	,	A	1
	02/12/2005		20.00		J	1
	02/07/2005		46.78		A	1
	03/12/2005	\perp	10.00		J	1
	03/2/2005		6.00	T	J	
1	01/20/2005		36.47	T	A	
	3/12/2005		30.00	T	J	
0	2/05/2005		20.00	T	A	
0	4/22/2005	\int	41.93	T	A	
1	0/19/2005		19.78		A	
<u>L</u> _						
			427.11			

	<u> </u>				
	DATE OF EACH EXPENSE		AMOU OF EAC EXPEN	CH	CATEGORY
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Report Period	#AR

VALERIE WIENER		Keport	Period #AR
Name (print)	 STATE SEN	ATE	3
•	Cince (ii applicable)		District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 ^{AO} PARTY IF LOAN GUARANTEED BY 3 ^{AO} PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
CONSTANCE M. LENTZ CPA 615 S 7THST		ACCOUNTING	1412.50			
LV NV 89101						
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PAGE_6__OF_6